

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

|   |                                     |
|---|-------------------------------------|
| WELL API NO.<br>30-025-09748  | <input checked="" type="checkbox"/> |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |                                     |
| 7. Lease Name or Unit Agreement Name<br>JALMAT YATES UNIT   | <input checked="" type="checkbox"/> |
| 8. Well Number 2  | <input checked="" type="checkbox"/> |
| 9. OGRID Number<br>240974   | <input checked="" type="checkbox"/> |
| 10. Pool name or Wildcat<br>JALMAT; TAN-YATES-7RIVERS   |                                     |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |                                     |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  INJECTOR

2. Name of Operator  
LEGACY RESERVES OPERATING LP

3. Address of Operator  
PO BOX 10848, MIDLAND, TX 79702

4. Well Location  
 Unit Letter J : 2310 feet from the SOUTH line and 1650 feet from the EAST line  
 Section 12 Township 25S Range 36E NMPM County LEA

**HOBBS OCD**  
**MAY 09 2016**  
**RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|  |   |   |  |
|--|---|---|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>                        | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>                              |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: 5 YEAR MIT TEST-UIC PURPOSES <input checked="" type="checkbox"/> |  |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/07/16 - 5 YEAR MIT. PRESSURE CASING TO 575#, HELD FOR 30 MINS. WITNESSED BY CARL FLOWERS-NMOCD, CHART ATTACHED.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

CF

SIGNATURE Laura Pina TITLE COMPLIANCE COORDINATOR DATE 05/04/2016

Type or print name LAURA PINA E-mail address: lpina@legacylp.com PHONE: 432-689-5200

APPROVED BY: Bel Serranate TITLE Staff manager DATE 5-25-16

Conditions of Approval (if any):

my

MIDNIGHT

2

3

4

5

6 AM

7

8

9

10

11

NOON

Graphic Controls

DATE 4/7/16  
BR 2221

BS  
5-25-16

Legacy Reserves  
Legacy Notes in 1  
Tulmest - 09 718  
30055 - R 30E  
12 - JESS - R 30E  
5 year test  
Start 575 #  
End 575 #  
Time 33 min  
Card removed  
OBCD

Benco Htr Oil  
Loop # / Lab min  
310 / 16  
Cal Date 3/10/16

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**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

|   |                                     |
|---|-------------------------------------|
| Operator Name<br><i>Legacy Reserves Operating</i> ✓ | API Number<br><i>30-025-09748</i> ✓ |
| Property Name<br><i>Jalmat Yates Unit</i> ✓         | Well No.<br><i>2</i> ✓              |

**7. Surface Location**

|                      |                      |                         |                      |                          |                      |                          |                      |                        |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|------------------------|
| UL - Lot<br><i>J</i> | Section<br><i>12</i> | Township<br><i>25 S</i> | Range<br><i>36 E</i> | Feet from<br><i>2310</i> | N/S Line<br><i>S</i> | Feet From<br><i>1650</i> | E/W Line<br><i>E</i> | County<br><i>Lea</i> ✓ |
|----------------------|----------------------|-------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|------------------------|

**Well Status**

|                              |                            |                        |     |              |     |                       |
|------------------------------|----------------------------|------------------------|-----|--------------|-----|-----------------------|
| YES TA'D WELL<br><i>(NO)</i> | YES SHUT-IN<br><i>(NO)</i> | INJECTOR<br><i>(N)</i> | SWD | OIL PRODUCER | GAS | DATE<br><i>4/7/16</i> |
|------------------------------|----------------------------|------------------------|-----|--------------|-----|-----------------------|

**OBSERVED DATA**

|                             | (A)Surface     | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg    | (E)Tubing     |
|-----------------------------|----------------|--------------|--------------|----------------|---------------|
| Pressure                    | <i>Ø</i>       |              |              | <i>Ø</i>       | <i>220</i>    |
| <u>Flow Characteristics</u> |                |              |              |                |               |
| Puff                        | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / N</i> | <i>(Y) / N</i> | CO2 —         |
| Steady Flow                 | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / (N)</i> | WTR ✓         |
| Surges                      | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / (N)</i> | GAS —         |
| Down to nothing             | <i>(Y) / N</i> | <i>Y / N</i> | <i>Y / N</i> | <i>(N) / N</i> | Type of Fluid |
| Gas or Oil                  | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / (N)</i> | Injected for  |
| Water                       | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / (N)</i> | Waterflood if |
|                             |                |              |              |                | applies.      |

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

|                               |                   |                              |
|-------------------------------|-------------------|------------------------------|
| Signature:                    | <i>BS 5-25-16</i> | OIL CONSERVATION DIVISION    |
| Printed name:                 |                   | Entered into RBDMS <i>CF</i> |
| Title:                        |                   | Re-test                      |
| E-mail Address:               |                   |                              |
| Date:                         | Phone:            |                              |
| Witness: <i>Carol Flowers</i> |                   |                              |